



WALK & TALK THERAPY

Liability Waiver/Informed Consent Form

I, _____, have enrolled in walk/talk therapy offered through Family Perspectives, LLC. Walk & Talk therapy is a form of psychotherapy that takes place outside of the therapy office while walking with my therapist as part of my healing process. This form of treatment and waiver may include another physical activity such as throwing a ball with a child, as a form to create a level of comfort, or it may include sitting in a park. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required by Kim Romen or Family Perspectives, LLC. I understand that I may request that my session take place within the office (if the office is available) or telehealth at any point. By signing this form, I further agree to the following:

- I agree that I am responsible for setting the walking pace of the walk/talk session.
- I understand that this is not exercise or workout training, and that while movement may be a benefit to me physically, the focus is not about exercise.
- I recognize that this program/form of therapy may involve strenuous physical activity including, but not limited to, cardiovascular activity.
- I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in walk/talk therapy.
- I agree to seek a doctor's approval before beginning walk/talk therapy if appropriate.
- If I have any medical conditions that would be detrimental to walk talk therapy I agree to disclose this and understand my therapist may not be able to offer this as an option.
- I recognize that complete confidentiality cannot be maintained in this venue, and I accept the possibility that other people may hear parts of my conversation.
- I understand that if my therapist and I come into contact with a person that I know, I have the right to disclose or not to disclose that I am in a therapy session. I understand that my therapist will follow my lead should we come into contact with a person I know and my therapist will make every effort to preserve client confidentiality and privacy while conducting my walk/talk therapy session.
- I understand that if my therapist should come into contact with a person he/she knows, my therapist will not acknowledge me as a client. I agree that I have had all questions answered by my therapist. I understand and agree to the above regarding Walk-Talk Therapy.

"In consideration of my participation in this program/form of therapy, I, _____, hereby release Kim Romen and Family Perspectives, LLC, from any claims, demands, and/or causes of action as a result of my voluntary participation and enrollment. I fully understand that I could injure myself as a result of my enrollment and subsequent participation in this program/form of therapy and I hereby release Kim Romen and/or Family Perspectives, LLC from any liability now or in the future for

conditions that I may obtain. These conditions may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur."

Print name of client Signature Date

(Other) Print name Signature Date

Guardian print (if client is a minor) Signature Date

Guardian print (if client is a minor) Signature Date

Witness Signature of witness Date

Revised -2-27-22